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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives address: (1) factors that interact to affect child development; (2) developmental milestones for infants and young children; (3) parenting processes appropriate to the childhood years; (4) problem areas in the development of foster children; and (5) children's play and safety. The module consist of four lectures. Each lecture includes reading material, and the first two lectures include exercises for individuals or groups. Lecture 1 considers behaviors innate in the newborn and behaviors that develop over time. Lecture 2 considers the importance of an infant's attachment to parents for the infant's development. Milestones of physical, sensorimotor, social, emotional, and language development; typical developmental problem areas; and parenting processes specific to developmental phases are listed for various phases of childhood. Lecture 3 considers developmental problems of foster children. These problems include failure to thrive, poor attachment, difficulties in toilet training, language acquisition delay, and separation. Lecture 4 considers the role of play in learning, and presents guidelines for the selection of developmentally appropriate toys. A reference list of 10 items is provided. A five-page form for evaluating the module is included. (BC)

FOSTERING FAMILIES

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ENHANCING CHILD DEVELOPMENT

THE BEGINNING YEARS

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster-care Workers & Foster-care Parents

ENHANCING CHILD DEVELOPMENT
THE BEGINNING YEARS

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed 3 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

About the Authors

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FOSTERING FAMILIES

INTRODUCTION

Fostering Families, a specialized foster care training program, offers a distinctive learning opportunity for caseworkers and foster parents throughout Colorado. Unique because this program is designed with input from foster parents and social services people who regularly work to meet the needs of children in out-of-home placement. This training project continues to evolve because of the on-going training program. To achieve the high accessibility for foster parents, training sessions are held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural regions of the State. Our goal is to create training situations where both foster parents and caseworkers are learning collaboratively in each session.

This module, Enhancing Child Development in The Beginning Years, explores the earliest period of a child's development--from birth through to six years old. The information in this training session and in the manual assist with the important parenting processes for children in their beginning years of life.

Because child development is such an important idea to understand and so much is involved in the 18 to 20 years, we have provided both detailed lists and discussion material on the *normal* developmental milestones of children in this specific time period of a child's development. These milestones are usually understood through observing key behavioral, socio-emotional and familial patterns. Important are the basic sensorimotor, emotional, social and language development milestones.

After addressing important concepts in child-rearing for optimal development, we examine recurrent developmental concerns of children in out-of-home and at-risk situations. Failure to thrive, attachment problems, language delays, toddlerhood and preschool issues are discussed. In each area, specific "How to Help" information is provided.

The module also provides information regarding aspects of play, with suggestions for toys and activities specific to different developmental-age groups. Because "play" is a major environmental activity which enhances the developmental process, we include specific information about play, offering suggestions for toys and play activities specific to various developmental age groups.

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that everything in the manual will be equally addressed. We recommend that the ***manual be read completely soon after a training session.*** We have been told that this helps greatly toward gaining a full understanding of the issue at hand. In this manual, there are several helpful charts that summarize important ideas and can be reviewed often when involved with a poorly attached young teen.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

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FOSTERING FAMILIES

LEARNING OBJECTIVES

1. Participants will gain an understanding of the concept of child development including the factors that interact to affect development.

2. Participants will have the opportunity to review normal cognitive, social, emotional and physical developmental milestones for infants and young children.

3. Participants will examine the important parenting processes required for children in the beginning years of life.

4. Participants will review some of the frequently identified problem areas and potential roadblocks to normal development in foster children.

5. Participants will receive information regarding play and safety, with suggestions for toys and activities specific to different developmental age groups.

FOSTERING FAMILIES

GLOSSARY OF KEY TERMS

Beginning years	for the purposes of this module, the ages 0 to 6
Social development	refers to the child's ability to form relationships, through interaction, with individuals and the family
Cognitive development	a child's mental growth in thinking, reasoning, and problem solving
Motor development	the growth, maturation and increasing ability to use large muscles (gross motor) such as those required for sitting, walking, and riding a tricycle and small muscles (fine motor) such as those required for holding a spoon, building with blocks, and learning to write
Emotional development	the ability to build and express the wide variety of feelings which are important to personal expression and meaning within relationships to others
Developmental delay	the lack of age appropriate behaviors or expressions of learning; usually refers to a child who seems like a younger child in one or more areas of development
Temperament	the natural disposition of a child; the unique combination of emotional characteristics that make a child different from others--examples include tendencies toward excessive temper, tendency toward quietness, or the tendency to accept cuddling and other interactive behaviors
Play	freely chosen activities: often called the "work" of childhood, play is the means through which children learn most often by exploring, imagination and spontaneous games

Biological readiness	the idea that before a child can accomplish a specific skill, the body be developed to a point that supports that skill--an example would be that the toilet training of a child cannot be achieved until the bladder and nerves are adequately developed to feel "full" along with the requirement control of certain muscles

FOSTERING FAMILIES

A CHILD DEVELOPMENT PERSPECTIVE: WHAT THAT MEANS

Lecturette #1

Until this century society thought of children as little adults. As soon as they could comprehend a few directions and perform simple tasks, children were put to work. Today, in western culture we view children differently. Children do not just know less because they are little. They think, feel, and understand the world differently from adults. The process of eventually coming to feel and act like an adult requires the child to gain skills and abilities as he/she grows.

That process of growth and learning is referred to as ***development***. Whether described as a series of stages or continuous learning, it is a process through which all children normally pass, gaining new skills along the way.

Thus the pattern of development is progressive. In discussing that forward pattern of change in children, the terms "growth", "maturation", and "development" have sometimes been used synonymously, but each term is unique. "Growth" emphasizes changes in the body tissues and skeletal structure; "maturation" implies changes in the neurophysiological aspects of the body; "development" emphasizes the progressive changes that occur in the baby's basic physical, cognitive, social, and emotional functioning while interacting with the environment. The concept of development is a result of both growth and maturation.

Pasick & Pasick (1985) provide some assumptions about child development that further explain our perspective:

1. Human development is the result of a dynamic interaction between genetic-constitutional and environmental factors over the entire course of development.

2. The child is an active (versus passive) participant in development.

3. Significant individual differences in children affect their development.

4. Cognitive and emotional development are interdependent.

We also recognize that children do not grow up to be identical to parents, siblings, or other family members. Development is a weaving with many textures. Each child brings to this weaving his own individual temperament.

Temperaments vary just as loves and abilities do. Some babies are easily soothed that enjoy being held and cuddled. Others are noisy and active, "spitting fire" from the minute they enter the world. And a baby's temperament acts upon and is acted upon by the environment of the tiny new person. A responsive mother helps the passive child learn the joy of exploring his/her world just as she aids the active child in calming down to listen to a story.

And just as infants bring their own personality to the interaction with parent, they also bring many abilities even as a newborn. For example, newborns can see and most like to look at faces. "Stroking on one side of the mouth also stimulates the hand on the same side to

flex and be brought up to the mouth. These hand-to-mouth responses to touch are established before birth and serve several purposes -- for self-comfort, for control over motor activity, and for self-stimulation." (Brazelton, Cramer, 1990). Newborns also hear, preferring a female voice to a male. And by seven days of age they can detect their own mothers' breast pad through smell. All of these behaviors, including the ability to calm him/herself at times, indicate the newborn's amazing ability to interact with his/her environment. (Brazelton, Cramer, 1990).

The challenge for parents is knowing what to expect of a child and when to expect it -- what physical, social, cognitive and emotional changes occur at what ages. Understanding normal development is a necessary prerequisite to being able to recognize developmental problems. An additional challenge for all parents is knowing how to provide a child with appropriate environmental experiences to foster the developmental process.

Because each child is unique and may not acquire all developmental milestones "on schedule", it is wise for parents and other caretakers to consider the individual child in his/her developmental process. Be cautioned that an inability to achieve a behavior in one or two areas per age category may not be significant. A child may also be delayed in one area of development, emotionally for example, but be at his age level in other areas (cognitive or physical).

In addition, development normally occurs within ranges. For example, sitting alone without support may be listed as a 6-month behavior; however, it is normal to achieve independent sitting between 5 and 9 months.

Challenges in the environment are other factors that affect the development of a young child. For example, a child who is just beginning to accomplish a developmental milestone or task may lose the ability whenever the environment activity presents an additional challenge such as talking or thinking at the same time or the child is tired or fatigued. When this occurs, a child frequently calls forth previously acquired ways of adapting, and the behaviors observed may seem primitive, less stable, and often clumsy. For example, a child may be walking independently and suddenly the environmental challenge presented is a simple incline or ramp. The ramp presents a challenge that the child is not ready to attempt by walking, and he/she "calls up" previously acquired behaviors, like crawling, to proceed upward. However, as the child practices the developmental milestone of walking, further skills increase and environmental challenges, such as a ramp, may not interfere.

For foster-care families, it is important to note that the change in a child's environment, such as a new home or school, may result in the child adapting with more primitive physical, social, cognitive and/or emotional behaviors. Hopefully these immature behaviors will be temporary, and one will see normal development proceed forward when the child has adapted to the new and thus stressful environments. However, some children may continue to experience difficulty adapting to new environments. When this occurs they may continue to exhibit dysfunctional or abnormal development. Should a child's development or behavior continue to be abnormal, primitive, major problems may result. Therefore, it is wise to discuss suspected developmental problems with your doctor or social worker.

FOSTERING FAMILIES

EXPLORING EARLY CHILD DEVELOPMENT

Exercise #1

This small group experience offers training members an opportunity to informally discuss a child's development. In groups of 3 or 4, each group is asked to answer the following questions related to a specific aged child.

ACTIVITY ONE: *QUESTIONS:*

As a parent,

1. What does this child like to do?
2. What would possibly scare this child?
3. What would this child do to let you know that he/she wants something?
4. What is special and unique about this child?
5. What would make this child angry?
6. What would this child do that would get him/her in trouble?
7. What kind of discipline would work with this child?
8. What would you hope to succeed in with this child's growth and development?

ACTIVITY TWO: *TOY SELECTION*

Now that you have some idea of what your child is like, explore the toy box available in the training room. Select two favorite toys for this child. How might the child play with these toys?

When each group has completed its two activities, spend the necessary time discussing each child. The developmental charts in your manual may be used to examine the issues of optimal development.

FOSTERING FAMILIES

CHILD-REARING FOR OPTIMAL DEVELOPMENT

LECTURETTE #2

Child-rearing practices vary widely with culture and environments; however, those who specialize in child development unanimously agree on one point--quality interaction between parents and child is vital and the key to healthy development. Parent-child interaction forms the cornerstone for emotional and physical stability later in life.

A parent-child attachment process begins in utero and continues after birth. Though Fostering Families has a special training session on "Exploring Attachment with Primary Caregivers," it is important to provide some basic concepts relating to attachment in this module as well. Attachment is critical to optimal development of a baby. Though children can have an attachment to either a mother or father (Main and Weston, 1981), most cultures promote the mother as the attachment figure, thus this material will conform to that cultural standard.

Importance of Attachment for Infant Development

Attachment and bonding are terms which describe how a mother responds to the basic needs of the new infant. Bowlby (1970) indicates that attachment behaviors have biological roots. That is, the infant is, to some degree, pre-programmed to behave in ways that bring the attachment figure close and keep her close, which serves the biological function of protecting the infant and caring for his/her basic needs.

The behaviors that encourage bonding and attachment include mother and infant exchange of smiles, their focused eye

contact especially at feeding periods, the rocking and holding, the verbal connecting between the two and the feeding and care-taking necessary to satisfy the baby. An infant may become securely attached, inadequately attached, insecurely attached or unattached depending on the attachment and bonding experience. A break, interruption, or inadequate care jeopardizes secure attachment.

To understand this more fully, a brief summary of the four levels of attachment are presented below.

1. The **securely attached** child feels confident that his/her parent(s) and primary caregiver(s) will be there to provide comfort and assistance when needed. This trust allows the child to explore the world around him. Parents report that these children are relatively easy to console, to give and receive affection. This child grows to learn right from wrong and gains a positive sense of well-being.

2. The **inadequately attached** child (the overly-indulged or spoiled child) grows up being overly-indulged by parents, family members and uses outside people to continue to meet his/her basic social, physical and psychological needs. Parents are always there for the child. Too much so, catching them when they fall, not allowing them to learn from their mistakes, protecting them from all pain and providing too much gratification (Cline, 1979).

   Overly-indulged children grow up having low self-esteem, feel abused and get angry at the world when their immediate needs are not met. They have a difficult time with

delayed gratification. As these children grow up they are like a leaf in the wind: if they are involved with good peers they mimic that good social process, yet if they connect with children who are angry, destruction, violent or acting out in other ways, they act out as they do. Ultimately whichever group they choose, they are seeking acceptance from peers.

These children are not able to achieve autonomy which is a significant aspect of early childhood development. During adolescence, these children become extremely manipulative.

3. The **insecurely attached** or ambivalently attached are not sure that their parent figures will be there to take care of them. In fact, their primary caregiver was inconsistent in their caregiving. This child will more likely experience severe separation anxiety, be clinging, and less willing to explore his/her world. Insecurely attached children experience periodic rejection. They are ambivalent, wanting their parents present but simultaneously resisting their touch, love and affection (Bowlby, 1988).

   As the insecurely attached child matures, s/he develop strategies for dealing with the caregiver's unavailability and inconsistency. As a young child, s/he may be very comfortable being alone, wandering off quite some distance without concern for their well-being. Another way that the insecurely

attached child attempts to cope with their loss is through fussing or pleading with the caregiver in orderto get what they need. Karen (1990) indicates that this insecurely attached child is "wildly addicted to her and to the efforts to make her change (p. 50)."

As the insecurely attached child matures, s/he may also project their anger on to other female caretakers, and are likely to carry this anger into adult relationships both at home and in the workplace.

4. The **unattached child** or avoidance attached child is most difficult as they experienced a void in the attachment-bonding process: the needs they expressed were rarely, if ever, appropriately responded to by the caregiver. These children have experienced sustained parental rejection and are typically found to be suffering from unresolved infant developmental traumas such as the loss of a primary caregiver, a serious medical illness, or neglect and abandonment.

   An unattached child is like a "lost soul." Shamed by rejection and abandonment issues, s/he does not understand or respond to cause and effect thinking or accept easily normally imposed consequences. The child will try to live without love and support (avoiding others) by becoming emotionally self-sufficient or "shut down."

<u>Individual or Group Activity:</u>

Look at Chart A entitled "Attachment Within the Developmental Process: A Child's First and Second Years."

FOSTERING FAMILIES

ATTACHMENT WITHIN THE DEVELOPMENTAL PROCESS

A CHILD'S FIRST AND SECOND YEARS

Chart A

Level of Attachment	1st Year: Trust	2nd Year: Autonomy
Securely Attached	Needs met Parental responsiveness	Wants Met Adequate Parental limit setting Optimum frustration
Inadequately Attached or overly-indulged	Needs met Parental responsiveness	Wants expressed Poor parental responses Control battles Poor optimum frustration
Insecurely Attached or ambivalently attached	Needs expressed sometimes met Unreliable parent responses	Wants expressed Ambivalent &/or inconsistent parental response
Unattached or avoidance attached	Needs expressed Parental neglect, rejection or abandonment Infant developmental traumas	Wants expressed Parental response abusive/neglectful High anxiety in parental responses may move to abusive parental actions Parent avoids child child avoids parent Unable to give and receive affection

These children are most often described as void of a sense of right and wrong--a delayed conscienceness development. The unattached child is developmentally repressed to their early years, even as their physical size increases, so the teen or adult who is unattached is a "big person" in a "small child's unhappy, angry world." In most cases, they will not be able to give or receive love and affection (Bowlby, 1988) and may inflict harm on those whom they feel are too close. Bowlby (1988) says that this avoidant child keeps his distance, is bad-tempered, and prone to bully other children (p. 169).

Thus all children need adequate to good parenting. While learning new ways to interact with children will benefit our children and make parenting more fun, we usually already have a bag of tricks that work. For example, most mothers imitate the cooing sounds their babies make because it's fun.

But this game also helps the baby learn to vocalize. Playing pat-a-cake or teaching an older baby to point to his nose, eyes, and ears are games that seem to have been handed down through the generations, yet they are ways for children to learn and for parents and babies to have fun together. The point is that we may already know a lot about ways to interact with young children -- ways that aren't new or fancy, but are fun.

But we can feel more confident if we add to that bag of tricks or what feels natural to us. And while we may have expectations about how children normally develop, we are often stumped if a child's development is not in line with our expectations. Our job as caretakers is to understand what learning and development needs to take place in our children and then facilitate it.

Developmental Milestones for Healthy Development

For a long time, it was generally accepted that the development of a child's movements was a process that was based entirely upon the child's reflex activities and maturation. This meant that crawling, walking, and other activities could not be influenced by the actions of others. However, this view is changing, and it is now known that healthy, stimulating interaction of parent and child can have a positive impact upon the child's physical and motor development. Likewise, the accompanying social, emotional, and language skills also are encouraged to mature.

Observing a child's physical, social, emotional, and language skill development allows the parent to anticipate potential problem areas. Therefore is important to have guidelines by which one can observe normal, expected behavior, as well as key observations to indicate potential problems.

In the following charts, key behaviors in the areas of physical, motor, social, emotional, and language development are listed. Additionally frequently identified problem areas and parenting processes specific to a developmental phase are included. Because the first year of life is a critical time, with rapid development occurring, the module lists trends at 1-month intervals. Although development is changing as the infant "ages," the next critical phase for development would be observations at 15 months. The next key phase would be 18 months, then 2 years - 2-1/2 years - 3 years - 4 years - 5 years, and 6 years.

Frequently identified problem areas and helpful parenting processes are also listed in age phrases. The infancy phase includes the age range of 0 to 3 months; the phase of the young baby, 4 months through 7 months; baby, 8 months through 11 months; toddler, 12 months through 18 months; preschool child, 2 years through 4 years; school-age child, 5 to 6 years.

Individual or Group Activity

Examine Charts B through H which indicate the important developmental milestones in a child's development.

FOSTERING FAMILIES

INFANCY: MILESTONES FOR 1 TO 3 MONTHS

CHART B

Physical Development and Sensor Motor Skills

Age: 1 month
- On back, head usually to one side, hands fisted
- On tummy, turns head when put down
- Mouth opens to grasp nipple

Age: 2 months
- On back, turns head side-to-side
- On tummy, lifts head momentarily
- When rattle or other object is placed in hand, baby will hold briefly
- Mouth opens and tongue sticks out slightly before being fed, active in sucking

Age: 3 months
- On back, head more centered, held in mid-position when held
- On tummy, lifts head 2-3 inches off crib surfaces; elevates self on forearms
- Lying on back, hands loosely closed
- In a supported sitting position, baby will reach for and touch a toy or cup

Social, Emotional, and Language Skills

Age: 1 month
- Looks at mobiles and faces
- Cuddles during feeding
- Listens to voices
- Quiets when picked up

Age: 2 months
- Eyes follow moving persons and objects
- Smiles responsively; watches speaker's eyes and mouth
- "Coos"
- Listens to human voice
- Stops crying when spoken to

Age: 3 months
- Sees bottle and becomes excited
- Eyes focus on stationary objects
- Chuckles
- Vocalizes when talked to
- Smiles socially

Frequently Identified Problem Areas:

- Does not respond to sounds
- Usually "floppy" or "stiff" when held
- Difficult to feed--difficulty in sucking and swallowing
- Cries frequently
- Difficulty sleeping
- Does not follow objects with eyes
- Does not show signs of lifting head when lying on tummy
- Colic
- Bowel problems
- Toward second or third month, infant does not
  show interest in "play",
  seem to anticipate being lifted up,
  make sounds or smile in social situations,
  respond to self in mirror, or
  suck on toys

Parenting Processes Specific to Developmental Phase:

- Hold, touch, provide physical care and love
- Talk and sing to infant--being close when talking or singing
- Hold baby while feeding
- Carry baby, supporting the head and body
- as child gains head control, sometimes carry baby with the right arm, sometimes with left arm
- Change the babies positions frequently during the day; put child on one side, then on the other, then lay baby flat on back or on tummy
- Do relaxing and exercising after bath time
- Avoid sudden, quick, or jerky movements
- Provide objects for infant to watch; mobiles, pictures, musical rattles
- Be relaxed and encourage infant to relax
- Baby may show awareness of a strange situation and cry at the sight of strangers
- Encourage socialization--infant like to play pat-a-cake
- When child is lying on tummy on floor, attract child's attention to the environment with brightly colored toys
- Encourage baby to explore toys with mouth/tongue (limit to right toys)

FOSTERING FAMILIES

MILESTONES FOR YOUNG BABY PHASE 4 TO 7 MONTHS

CHART C

Physical Development and Sensor Motor Skills

Age: 4 months
- Sits with slight support
- On back, head centered and hands together on chest
- On tummy, head up and looking forward
- Turns head, looks, and searches for source of voice or sound
- Will mouth toys
- Will grasp toys/objects and wave or bang them

Age: 5 months
- Sits erect in chair
- On back, lifts legs and sees feet
- Rolls back to tummy
- On tummy, gets up on hands
- Brings hands together for toys
- Takes weight on feet in standing
- Lifts cup by handle
- Reaches for objects beyond grasp

Age: 6 months
- Holds foot lying on back
- Rolls tummy to back, back to stomach
- Sits with propping and sits erect in chair
- Shakes rattle; reaches for toys
- Puts finger food to mouth
- Pulls self into sitting position
- Transfers objects from one hand to the other

Age: 7 months
- Puts feet in mouth
- Crawls on tummy; pivots in a circle on tummy
- Sits unsupported for a short time
- Bounces when held in standing position
- Picks up small objects with thumb and index finger

Social, Emotional, and Language Skills

Age: 4 months
- Plays with own fingers; grasps rattle
- Pulls clothes off face
- Bubbles; smiles and vocalizes at mirror
- Actively watches other people across room
- Pats or puts hands on bottle

Age: 5 months
- Laughs and squeals
- Looks after dropped toy
- Aware of strangers
- Stops crying in response to voices
- Looks and/or vocalizes in response to own name
- During daytime, put child on tummy for short periods, spread toys around, and encourage freedom of movement.

Age: 6 months
- Pats self in mirror
- Tries out new sounds
- Accepts strangers, but may be afraid
- Takes solid foods
- Imitates peek-a-boo and pat-a-cake
- Explores adult facial features; pulls hair, nose, etc.
- Will play by self for 15-30 minutes
- Vocalizes a lot and looks for family members or pets named in conversation

Age: 7 months
- Begins to cooperate in being dressed and undressed
- Begins to play with washcloth while being bathed
- Mouths toys and likes to bite/chew toys
- Imitates sounds
- Bangs toys
- Looks at common objects when their names are spoken
- Waves bye-bye
- Holds own bottle
- Enjoys "rough housing" play

Frequently Identified Problem Areas:

- Unable to roll from stomach to back, back to stomach
- Unable to sit up with support; poor head control
- When on back, lies stiff; when on tummy, cannot support self on elbows with hands
- Does not respond to voices or other people
- Does not bring hands together at midline
- Does not transfer toys from hand to hand
- Does not participate in pulling self to sit
- Shows no interest in feeding self
- No vocalizations
- Shows no interest in assisting with dressing
- When held in standing, does not attempt to bounce up and down

Parenting Processes Specific to Developmental Phase

- Read and sing to child
- Encourage child to play on floor in supported sitting
- Carry child in arms or astride hips--one hand on knees, another on chest
- Have own crib for baby, preferably one with bars
- String toy between two uprights to allow child to amuse self
- Place mobile above crib
- Have daily outings in summer; let child play sitting on grass
- Show child self in mirror and converse with child in mirror
- Feet and hands are child's best playthings--encourage body play
- Use brightly colored cloths and things to bite and suck
- Squeaky rubber toys to encourage interest in the environment
- Dress in as few clothes as possible to encourage freedom of movement
- Play gross motor games, such as bouncing
- Let child explore toys/objects with mouth and tongue
- Encourage child to feed self with bottle

FOSTERING FAMILIES

MILESTONES FOR
BABY STAGE 8 TO 11 MONTHS

CHART D

Physical Development and Sensor Motor Skills

Age: 8 months
- Sits unsupported for a long time
- Stands holding on
- Holds two toys; drops toy on purpose
- Crawls with stomach touching floor
- Makes stepping movements when held

Age: 9 months
- Creeps on hands and knees or crawls (stomach touches floor)
- Goes from sitting to tummy and tummy to sitting
- Bounces up and down while in standing position
- Pokes at things with index finger
- Picks up small ball/toys
- Pulls to standing
- Removes pegs from pegboard

Age: 10 months
- Pulls up to stand in crib
- Gets down from standing
- Creeps around with ease
- Bangs toys together
- Holds cup with two hands

Age: 11 months
- Walks around furniture
- Walks with two hands held
- Pivots in a circle while in sitting position
- Picks up small block/toy
- Shifts from sitting to prone and prone to sitting
- Drinks from a cup

Social, Emotional, and Language Skills

Age: 8 months
- Plays peek-a-boo
- Feeds self cracker; takes milk from cup
- Responds to own name
- Responds to "No" by stopping activity
- Likes to look at pictures when named
- Shakes head "No"

Age: 9 months
- Plays pat-a-cake; waves bye-bye
- Drops a toy if another is offered
- Holds cup with two hands
- Plays ball with another person
- Indicates wants by gesturing

Age: 10 months
- Says "da-da" and "ma-ma"
- Understands "no-no"
- Offers toy to others in play
- Pushes arm through for dressing
- Follows simple commands like "come here" and "give me"
- Gives kisses
- Likes to show off

Age: 11 months
- Gives toy to another when asked or drops toy on purpose
- Lifts blanket to find toy
- Says two or three "words"; says "bye-bye"
- Lifts feet to help in dressing
- Uses spoon imitatively
- Extends arms and legs while being dressed

Frequently Identified Problem Areas

- Cannot sit independently
- Does not stand holding on
- Does not crawl on belly
- Shows no interest in feeding self
- Does not respond to own name
- Does not attempt to get up on all fours
- Does not bounce up and down while in standing position
- Does not use thumb and finger to pick up small toys
- Shows no interest in social games or vocalization
- Difficulty breathing
- Does not attempt to drink from cup
- Does not shift from sitting to tummy without assistance
- Does not attempt to assist with dressing
- Does not like to walk while being held or take steps around furniture

Parenting Processes Specific to Developmental Phase

- Let child sleep on own rubber mat on floor during day, leaving crib for night use
- Communicate with child, letting him/her answer (coos and sounds)
- Let baby imitate and repeat early sounds
- If baby is sitting independently, play in tub to teach him to wash himself and name parts of body
- Let baby feed self, even if he/she gets dirty
- Let baby assist with dressing
- Encourage baby to walk around barefooted or with soft shoes
- Begin simple discipline with "no-no"
- Be responsive to baby's attempts to communicate
- Encourage self-feeding with spoon/cup
- Let child explore objects with mouth
- Let child be creative with play

FOSTERING FAMILIES

MILESTONES FOR TODDLER PHASE 12 TO 18 MONTHS

CHART E

Physical Development and Sensor Motor Skills

Age: 12 months
- Stands alone momentarily
- Squats to play
- Walks with one hand held
- Steps from one object to another
- Picks up small objects, such as a piece of cracker
- Grasps crayon in fist and imitates scribble
- Sits down from standing position
- Moves to rhythms

Age: 15 months
- Walks alone and seldom falls; runs stiffly
- Squats to play; stands up from squat
- Walks up stairs with one hand held
- Climbs on chair to reach things
- Hurls and rolls ball
- Creeps up stairs alone
- Seats self in small chair

Age: 18 months
- Walks down stairs with one hand held
- "Walks" into large ball when trying to kick
- Tries to jump
- Turns two-three pages together
- Can stack a few blocks
- Creeps down stairs backwards
- Walks backwards, sideways, and beginning to run

Social, Emotional, and Language Skills

Age: 12 months
- Says four to six "words"
- Pats pictures in book
- Communicates by pointing
- Plays ball with others
- Likes to listen to rhymes/jingles
- Removes simple garment
- Greets others with verbal cues
- Imitates play
- Enjoys "putting in" and "taking out" games

Age: 15 months

- Scribbles spontaneously
- Has a 10- to 20-word vocabulary
- Points to one body part when named
- Feeds self with spoon, but spills
- Plays with pull toys and plays ball with another person
- Uses words rather than gestures to express wants and needs
- Removes socks, shoes
- Indicates wants by pointing

Age: 18 months

- Points to own nose, eyes, hair, and mouth
- Has a 20- to 30-word vocabulary
- Asks for "more" or "drink"; sometimes says "No"
- Drinks well from cup and uses spoon
- Puts on hat; takes off socks
- Imitates mom/dad/others in play
- Imitates two- or three-word sentence
- Zips and unzips large zipper
- Helps with household tasks

Frequently Identified Problem Areas

- Difficulty creeping and/or walking alone
- Shows no interest in dressing and undressing
- Unable to stack two or three blocks
- Very few words; unrecognizable vocabulary
- Cannot use crayon to scribble
- Cannot sit on small chair
- Afraid and/or makes no attempt to creep up stairs
- Cannot use hands to use objects
- Difficulty chewing and swallowing

Parenting Processes Specific to Developmental Phase

- Allow child to explore body and learn names of body parts
- Increase socialization, reading books and identifying pictures
- Sing simple songs, jingles, rhymes
- Encourage child to feed self
- Encourage playing with blocks and throwing soft toys
- Encourage child to assist with dressing and undressing
- Set limits and discipline in caring ways
- Provide child with love, affection, and security
- Be patient and provide encouragement

FOSTERING FAMILIES

MILESTONES FOR PRESCHOOL PHASE 2 TO 4 YEARS

CHART F

Physical Development and Sensor Motor Skills

Age: 2 years
- o Runs well; walks up and down stairs holding on
- o Jumps down from bottom step
- o Kicks large ball
- o Throws ball forward
- o Imitates vertical stroke and circular scribble
- o Turns pages of book, one at a time
- o Takes toys apart

Age: 2-1/2 years
- o Jumps with both feet off floor
- o Tries to stand on one foot
- o Stands on tiptoes
- o Alternates feet going up stairs
- o Imitates horizontal stroke; imitates circle
- o Pours liquid from glass to glass
- o Throws large ball 4 to 5 feet
- o Pushes and pulls large toys
- o Holds crayon by fingers
- o "Snips" with scissors

Age: 3 years
- o Rides tricycle using pedals
- o Goes down stairs alternating feet
- o Stands on one foot for 2-3 seconds
- o Walks on tiptoes
- o Throws overhand
- o Holds crayon by fingers
- o Copies circle, vertical and horizontal lines
- o Tries to cut with scissors
- o Traces a square
- o Stacks blocks
- o Jumps down with one foot leading

Age: 4 years

- Marches rhythmically to music
- Hops on one foot; tries to skip
- Runs smoothly
- Positions arms to catch ball
- Copies a (+); traces a diamond
- Tries to cut on line; likes to paint
- Draws head of person and one other part
- Prints a few capital letters
- Jumps on toes
- Catches large ball with arms bent at elbows
- Walks down stairs without rail

Social, Emotional, and Language Skills

Age: 2 years

- Vocabulary has too many words to count; combines words into simple sentences
- Points to body parts; names at least one
- Likes to pretend play; feeds doll
- Likes to help around house
- Identifies self in mirror and uses own name in reference to self
- Parallel play--child does same thing as other child
- Puts on shoes with assistance
- Separates from mother readily

Age: 2-1/2 years

- Names seven body parts
- Expresses self in 3- to 4-word sentences
- Answers simple questions--"What does a doggy say?"
- Knows "big" and "little"
- Pulls up pants; finds armholes correctly
- Puts shoe on--any foot
- Helps put things away
- Refers to self by using a pronoun
- Can match shape/form like circle or square
- Matches colors
- Repeats two numbers correctly
- Gives full name on request

Age: 3 years

- Relates meaning to scribbles or drawings
- Tells own age and gender (boy/girl) when asked
- Counts three objects
- Occasionally will share toys
- Understands taking turns
- Acts out simple stories/songs
- Knows "up" and "down", "loud" and "soft"
- Matches colors and identifies two colors
- Likes to play with other children
- Likes to "make believe"
- Knows front and back of clothes
- Washes and dries hands

Age: 4 years

- Asks meaning of words
- Relates stories and experiences in conversation
- Differentiates morning, afternoon, night
- Identifies and names three colors
- Cooperatively plays with two or three other children
- Enjoys dramatic play (role playing--mommy, daddy, etc.)
- Uses words like "pretty", "big", "happy" appropriately
- Counts to five; uses eight- or nine-word sentences
- Repeats all of a nursery rhyme or song
- Dresses self except for tying bows
- Puts shoes on correct feet
- Likes to make things from clay or blocks

Frequently Identified Problem Areas

- Difficulty running, jumping
- Inability to throw a ball forward
- Cannot turn pages of book one at a time
- Cannot use crayon or pencil, and does not imitate vertical strokes or circular scribbling movements
- Difficulty alternating feet going up and down steps
- Speaks in single words only
- Does not attempt sentence structure
- Inability to count
- Does not know colors
- Cannot dress or undress self
- Shows no interest in hiking activities
- Frequently falls when walking or running
- Walks on tiptoes continually
- Cries frequently

Parenting Processes Specific to Developmental Phase

- Encourage exploration of environment
- Encourage playing with other children
- Read to child frequently
- Provide child with toys to manipulate and explore the world
- Take child outside home to enhance environmental experiences
- Encourage child to assist with dressing
- Allow child to separate from parents; if possible, have babysitter once a week and enroll child in small play school or provide opportunities for group play
- Let child dress self and begin to take responsibility around home
- Let child assist with household activities, such as sweeping floors or participate with setting table
- Be consistent, patient
- Provide opportunities for physical activity
- Give child assurance that he/she can do things and is loved
- Converse with child frequently and allow child to feel and think

FOSTERING FAMILIES

MILESTONES FOR SCHOOL-AGE PERIOD 5 TO 6 YEARS

CHART G

Physical Development and Sensor Motor Skills

Age: 5 years
- "Gallops" to skip
- Plays on monkey bars
- Tries to turn somersaults
- Rides bicycle with training wheels
- Catches large ball with two hands
- Standing and running broad jump
- Throws ball overhand
- Hops around on one foot
- Ties knot

Age: 6 years
- Rides bicycle (may use training wheels)
- Copies rectangle
- Heel-to-toe walk, forward and backward
- Walks on walking board
- Jumps rope
- Dances to music
- Skips using alternate feet
- Catches bounced ball
- Kicks ball
- Roller skates
- Ties shoes

Social, Emotional, and Language Skills

Age: 5 years
- Repeats days of week in sequence
- Copies square and triangle
- Likes cutting, pasting, and coloring
- Draws picture of a man with body; counts to 10
- Names five colors; prints name
- Knows 1 + 1 = 2 and 1 + 2 = 3
- Likes puzzles and shape matching
- Likes school

Age: 6 years

- Understands and uses numbers up to 10
- Recites numbers to 30
- Knows numbers of fingers on one hand and total number on both hands
- Knows all basic colors
- Prints name
- Prints numbers 1 through 5
- Beginning to read words
- Likes to converse
- Draws house--two to five items

Frequently Identified Problem Areas

- Inability to separate to participate in school activities
- Difficulty getting along with other children
- Shows no interest in learning
- Frequent stomach ache or illnesses
- Inability to ride tricycle/bicycle
- Falls frequently
- Clumsy, awkward movements
- Does not learn to skip or jump rope
- Not able to use crayons or pencils
- Unable to print numbers or own name
- Shows no interest in learning to read
- Difficulty speaking
- Eating problems

Parenting Processes Specific to Developmental Phase

- Encourage child to be independent in caring for self
- Provide child with small tasks or "jobs" around home
- Provide opportunities for active learning
- Permit child to argue and/or disagree in appropriate ways
- Be consistent and encourage discipline
- Converse with child and allow him/her opportunities to relate experiences and stories
- Visit child's preschool/kindergarten/first grade
- Participate with child's school activities
- Attend teacher conferences when possible
- Use rules to help child learn social behaviors
- Provide opportunities for independence and responsibilities for caring for toys or self and room

FOSTERING FAMILIES

DEVELOPMENTAL CONCERNS FOR FOSTER CHILDREN

LECTURETTE #3

Some children begin their lives in homes where parents do not have a lot of natural abilities or knowledge about how to raise healthy, happy children. Or there may not have been much motivation to nurture or to learn better ways of parenting. These are the kind of children who may end up in and out of home placements, exhibiting similar sets of problems in their development due to neglect, abuse, drug abuse, or repeated separations from a caretaker

If we divide the beginning years into three broad ranges of development, the infant, toddler, and preschool years, we can look at some of these sets of problems for foster children. Infancy generally considered to be from birth to about 18 months is usually an exciting and happy time for parents. Children grow and learn more in this time than at any other in their lives. Let's look at a couple of the issues for foster children during this time.

INFANTS

FAILURE TO THRIVE

Babies typically triple their birth weight by the time they are one year old. While infants' birth weights normally vary, rate of growth should be relatively similar. Pediatricians plot weight, height, and head circumference on charts to insure that a child is growing appropriately. A child should follow his own curve within normal limits on the chart.

Babies can have "failure to thrive" for organic (something is wrong with the functioning of the body) or nonorganic reasons. Some organic reasons are:

- central nervous system abnormalities,
- structural or neuromotor abnormalities of the alimentary tract (e.g., cleft palate, cerebral palsy)
- gastrointestinal diseases (malabsorption syndromes)
- congenital heart disease
- endocrine disorders (e.g., growth hormone deficiency)
- chromosome defects
- kidney disease
- chronic infections
- malignancies
- fetal alcohol syndrome

Nonorganic failure to thrive usually results from infants not being fed or nurtured appropriately. Causes may include:

- inadequate nutrient intake
- environmental stress
- emotional deprivation
- abuse and neglect (Blackman, 1984)

These non-organic failure to thrive infants are often seen in foster care. They are the babies who have had bottles propped up on couches, who have lain in cribs for hours not receiving the cuddling and playful stimulation that helps infants to grow and thrive. Their parents may be young, uneducated in child care, suffering from depression, mental illness or stresses that render them emotionally unavailable to their infants or neglectful and abusive. This "syndrome" is often diagnosed by hospitalizing an infant and determining that he/she gains weight when cared for and fed by a nursing staff.

HOW TO HELP

1. Talk to your case worker to find out if there is a previous diagnosis of failure to thrive and whether it is organic or nonorganic.

2. Talk to your pediatrician, if there is not a previous diagnosis but you are concerned about the baby's growth.

3. Discuss types of foods and feeding schedules and other guidelines with your pediatrician or a nutritional specialist.

4. Discuss an inability to suck, swallow, or use the tongue and mouth appropriately with an occupational therapist, speech pathologist, or nutritional specialist who can give you suggestions for feeding.

5. For an infant that is being bottle fed, hold while feeding.

6. Make meal times calm and quiet, giving the child your attention while feeding. Older toddlers who are constantly interrupting to demand your attention may make feeding difficult for the baby.

7. Provide stimulation with a colorful mobile over the crib, appropriate toys, and interaction with you, but be careful not to overstimulate the baby to make up for past deprivation.

8. Include in the treatment plan for birth parent, parenting classes that include appropriate feeding and nurturing of infants and/or therapy if emotional problems appear to have contributed to the infants failure to grow.

9. When possible, have foster parents model appropriate feeding and interaction behaviors with the infant for birth parents.

ATTACHMENT PROBLEMS

Just as infants must have their needs met in a nurturing, responsive way to develop physically, so must they be able to count on their parents in order to develop emotionally. In infancy, a baby comes to trust the mother or father, who feeds him/her when he/she is hungry, soothes him/her when he/she is upset, or takes away most of the discomforts infants feel. Through this process, infants develop a sense of trust, becoming attached to Mom or Dad. This is his/her first experience with love and, in a sense, how he/she learns to love.

Infants may come to foster care without having been securely attached to a caregiver or they may be separated from a birth mother or foster mother as attachment is occurring. Securely attached 12 to 18 month olds are able to leave their mother's side and comfortably explore their surroundings. Insecurely attached infants are clingy or fearful of leaving their mothers. They may not find pleasure in exploring their surroundings even with Mothers present.

However, this should not be confused with normal separation anxiety, in which all infants become fearful when their Mothers leave the room. Attached infants learn that their mothers will return and are able to separate. We see normal separation anxiety at 12 and 18 months of age.

"Patterns of insecure and anxious attachment at 12-18 months have predicted reduced curiosity and poor adaption in problem-solving situation a year later and difficulties in peer relations at age 4 1/2 - 5." (Pasick and Pasick).

HOW TO HELP

1. Be timely, consistent, and reliable in responding to the baby's needs.

2. Play with the baby. Enjoy him/her and provide the love that is part of nurturing.

3. Hold the baby. Provide as much physical contact as the baby is willing to receive.

4. When possible get the caseworker's permission to talk to the birth mother to learn about the baby's previous routine and reproduce it, if feasible.

TODDLERS

Starting around 18 months, children move into the need for autonomy or more independence from their parents. Sometimes referred to as the "terrible twos", this period can be challenging and fun. Normally children are beginning to assert some independence from Mother or

Father, to establish their own separate identity. This is only a part of the toddler years, however. Toddlers are also happy explorers, eagerly discovering what the world around them has to offer.

Let's explore some of the common concerns for toddlers.

TOILET TRAINING

Since toddlers are normally beginning to exert their own will, toilet training can get turned into a battle for control between parent and child. It is important and much easier if this does not happen. Remembering some of what we know about development will help.

First, children must be biologically ready for toilet training. Some mothers anticipate when a child needs to go to the toilet and place her on it. True toilet training refers to a child being able to feel and indicate when she needs to urinate or have a bowel movement. Biological readiness refers to a child having fully developed sensation and control of her bladder and intestines. In other words a child needs to be able to feel the sensation of fullness before she can report that to a parent. A parent can tell when a child is beginning to be ready for toilet training when she can tell her parent that she is wet or dirty. For several reasons, girls are generally ready (around age 2) before boys (age 2 1/2). If a child is developmentally delayed, then toilet training should be delayed until she begins to show signs of readiness or you are advised by a nurse to try training.

HOW TO HELP

1. Watch for signs of readiness. If they are not there, postpone toilet training.

2. For the child entering your home, allow a period of adjustment before attempting toilet training.

3. Do not allow toilet training to become a control issue. Praise the child for success or, especially if the child has trouble with language, use a tangible reinforcer (stickers, M & M's). Do not punish for accidents.

4. Seek a pediatrician's help if you feel a child is not progressing toward toilet training.

LANGUAGE DELAY

If a child's development is extremely delayed, he will usually fail to meet developmental milestones during the first eighteen months such as sitting or walking. However, with children whose delays are milder, lack of appropriate language development may be the first clue that something is wrong. By eighteen months a child should have 20 to 30 words that he says and understands. By age 2, a child is using short phrases such as "want cookie," daddy go "bye-bye."

Foster children may have problems in language development due to lack of stimulation, handicapping conditions, repeated traumatic events, repeated ear infections or other hearing disorders.

HOW TO HELP

1. Talk to the child and encourage him to talk at home. Name objects for him and ask him to name them. Look at books and name the pictures. Make talking fun and rewarding. Do not punish a child when he refuses to name something for you. For example, don't withhold the cookie because he didn't say "cookie".

2. Determine if the child has a fluctuating (sometimes has it and sometimes doesn't) hearing loss. Have your pediatrician check the child's ears. Does he have fluid in his middle ears? Ask your caseworker to find out if the child has had repeated ear infections.

3. Determine if the child has a more serious hearing loss. If you have concerns, again, talk to your pediatrician and then request a hearing test at a speech, language, and hearing center. Remember, children may hear sounds at some pitches (a knock on the door), but not hear the pitches in which speech occurs.

4. After trying the above and after a period of adjustment in your home, perhaps a couple months, schedule a speech and language evaluation for this child. If he appears delayed in other areas besides language, a comprehensive evaluation of all his abilities may be more appropriate.

PRESCHOOL YEARS

During the preschool years, a child has many tasks. She's developing her gross and fine motor skills, learning to cut paper along a line with scissors, ride a trike and later a two-wheeler and tie her shoes. She's learning to separate fantasy from reality, and developing self-esteem by learning to master games and use objects. She's beginning to identify with her mother just as her male playmates identify with men. Play, which we will look at more closely in the next section, is her "work". It is how she expresses feelings and continues to learn about her world. And she's beginning to interact with and enjoy other preschoolers and adults around her. This development can be affected by factors such as separation or global developmental delay.

SEPARATION

Separation from a primary caretaker is difficult for a child at any age. During the preschool years, the child still doesn't have a concept of time so he can't understand when he will see his parents. And while his use of language has greatly increased, he still cannot understand why he is in foster care, what happened to his parents, or what's going to happen to him.

Foster children who have been recently been separated from parents may exhibit extremes in behavior. They may seem excessively dependent, clinging to foster parents and becoming frightened if the foster parent is out of sight. Or the child may seem too independent (for a young child), almost as if he is determined to parent himself and not need anyone. The child may appear withdrawn, or angry and quarrelsome or he may appear

very, very good. He may regress to earlier behaviors, such as wetting the bed when he was completely toilet trained or he may have nightmares and cry frequently. He may also have more minor illnesses. Because this is an age when children have "magical thinking", believing their thoughts can control what happens, the recently separated child may believe that he can wish his parents back or may feel he caused his parents to leave him, because he was angry at them.

HOW TO HELP

1. Provide a consistent routine so that the child has some predictability.

2. Always let the child know where you are.

3. Do not initiate new learning or important tasks, such as toilet training or learning to bath himself, that may be stressful for the child.

4. Be patient when a preschooler demands to see his parents right now. He cannot understand why he cannot, nor can he understand what, "You'll see your Mom next Saturday means," since he doesn't have the concept of time. With older preschoolers you can help them begin to understand time by using examples, "we have one breakfast a day, so 3 breakfasts means 3 days," and by using calendars.

5. Use play (such as in games where dolls live in different houses) to help children express their feelings and to learn that because he cannot see a person that person is not really gone.

6. Provide the child with as much reassurance as is honestly possible. Be nurturing. This child may feel unlovable.

GLOBAL DEVELOPMENTAL DELAY

Much to the surprise of many parents, children need to know a lot before they start kindergarten. A three year old can usually count to 6. A four year old should be able to tell a penny from a nickel even though she may not understand the value. Five year olds can draw triangles with the side of the triangle approximately equal. Before school a child should be able to name colors, recite his ABC's and identify a few.

Children in the preschool years also become progressively more responsible for their self care. A 3 year old can generally wash and dry his face alone. A 4 year old completely dresses himself except for tying shoes and at 5, tying shoes is mastered. By 6 a child should use a fork, spoon, and knife competently.

But many foster children experience delays in their development. Sometimes these delays are transient, disappearing when the child begins to feel comfortable in a stimulating home. With other children the delays may continue, predicting that the child will always learn at a slower rate than other children.

HOW TO HELP

1. After a period of adjustment to your home, watch carefully to see if the child appears to be where he should be in cognitive, social, language and motor development. All children have strengths and weaknesses but notice if he appears to have large discrepancies in abilities or do all skills seem like that of a younger child.

2. Ask for a comprehensive developmental evaluation through Child Find of your local school system or a child development center. Ask your caseworker for help.

3. If evaluation indicates it would be helpful **and the child has adjusted to your home feeling secure enough to leave you**, place the child in a preschool program for children with developmental delays.

4. Make learning fun. Setting the table can be a good time to learn counting or that plates are circles.

5. Adjust your level of expectations, if the child is delayed. Don't expect sic year old behavior from a child who is generally functioning at the four year old level.

6. If you are having difficulty coping with this child's delays or your feelings about the delays, consider joining a support group of other parents or an organization such as the Association for the Mentally Retarded.

FOSTERING FAMILIES

PLAY IS LEARNING

Lecturette #4

From babyhood through adulthood, play is an important part of our everyday lives. Besides providing the opportunities to learn, play allows us to experiment with the world around us, to use imagination, and to have fun. Play allows the child to discover for himself that there are worms in the garden, sand feels different from dirt, the woods have different shades of green, and that round things roll, but square things don't. Through play the child can investigate, explore, experiment, and discover, and learn what no one can teach him. With a touch of imagination, a dash of resourcefulness, and willingness to explore we can help children have a rich play experience.

As the "work" of childhood, play is the primary means used to encourage development. Play can also serve as a nonverbal mode of communication. Because talking about feelings is still beyond the abilities of most preschool children, play allows a child to depict symbolically or act out what he can't tell us.

Play is not only a learning activity, but is also important for the child's social-emotional development. No other activity improves personality so markedly, and no other activity calls forth the resources of effort and energy that lie within the child. Play may be neuromuscular, sensory, mental, or a combination of all three. Play involves the repetition of experiences and proceeds within its own time and space boundaries.

Play environments provide an arena for the acquisition of social rules; through play action, the child learns the rules of motion. As a child plays with objects and manipulates a variety of objects, the child learns the rules of objects. From play interactions with people, the child learns the rules of people. Play, therefore, is the most complete of all educational processes, for it influences intellectual development, social-emotional development, and the physical, motor development of each child. Because play activities are so important in the development of a child, this section suggests ideas for the kinds of toys or play activities that you may want to offer your child.

Before we look at toys and activities let's think about the safety of environments for play and living for preschoolers. Perhaps our most challenging and important job in parenting preschoolers is to be ever vigilant about what could cause harm.

Homes with preschoolers should be "child-proofed". Cleansers, detergents, and other poisons should be secured against curious explorers either by commercial safety locks on cabinets or by placing them high out of reach (even when a kitchen chair is used for climbing).

Toys should meet safety standards or be approved for the age of the child playing with the toy. Watch for removable parts that can be swallowed by infants and sharp parts that can cut or puncture.

Toy boxes with lids can be very dangerous to young toddlers who can lift the lid only to have it fall on them. Remove lids.

Outside, safety issues to think about include again putting chemicals, gasoline, antifreeze away from young children and practicing safe habits when mowing the yard. Think about the dogs in your neighborhood. Are there any that are not friendly to kids? Check children for tics when they've been playing in the grass and if you live in country, talk to children about snakes.

Many safety issues can be handled by simply getting to know with what each child in your care can be trusted. For example, even though she's five, can you trust her not to wander off if she plays outside alone? Remember that a child may be developmentally delayed and therefore need more supervision than another child her age.

Now, for the fun. Let's look at the how to choose toys.

The following section provides guidelines in the selection of the kinds of toys to offer a child. The section is categorized according to phases in child development (e.g., infancy, toddler, preschoolers, school-age, etc.).

GUIDELINES FOR SELECTING TOYS

CHART H

Selecting safe, appropriate toys for a child can be so important to the child's growth. To help in the selection of age appropriate toys, the following guide has been developed. You should answer yes to each question posed if you are succeeding in the toy selection process.

1. Do the toys and games you select

   - meet requirements of the child's interest and age in regard to size, form, indoor-outdoor possibilities, and the need for both learning and fun?
   - adapt to more than one purpose?
   - allow more than one child or more than one age level to participate?
   - withstand hard use and weather?
   - comply with safety and sanitation standards?
   - encourage action and exploration?
   - include a variety of playthings made at home with raw materials?
   - permit continued use for growing minds and bodies?
   - justify their costs in quality rather than quantity?
   - compare favorably in price to similar articles by other companies?
   - represent exactly what the manufacturer claims in ease of assembly and use?
   - suggest experimentation?
   - provide opportunities for child to feel good about himself when he does his own thinking?
   - will the item be long-lasting?

2. **Do the play activities you organize**

- help the child gain confidence for living in the world?
- build a variety of understanding at each child's level?
- invite exploration of the arts and sciences?
- develop strength and skill, together with hand-eye coordination?
- provide experiences to enhance skills for reading, writing, and math? (Note: learning to recognize shapes is a precursor to recognizing the alphabet)
- strengthen social and interpersonal relationships?
- offer opportunities and experiences to converse and communicate with others?
- provide both social and independent activity?
- encourage imagination or creative thinking?
- promote constructive and expressive feelings, thoughts, and ideas?
- please the eye in line, color, and general appearance?
- please the ear in sound?
- please the hand in feeling?

FOSTERING FAMILIES

WHAT KINDS OF TOYS SHALL WE OFFER CHILDREN

CHART I

The Infant, newly arrived and ready to be introduced to the world, needs

- Toys that attract the eye,
- Toys that tickle the ear,
- Toys that tempt the reaching muscles.

Examples: Strings of colored plastic beads
Spools or large buttons
Small bells
Shiny mobile across the crib
Brightly colored balls strung across the crib
Large rattles
Large plastic rings
Floating bath toys
Soft, cuddly toys

The baby who is sitting has stronger eyes and muscles that urge her or him to reach out into the environment. Toys must be sanitary, smooth, nontoxic, durable, and **without** small detachable parts that might get into the child's throat, nose, or ears. It is imperative that the baby have a safe place to explore toys. The baby who is sitting needs

- Toys that appeal to the sense,
- Toys that encourage movement,
- Toys that encourage exploration.

Examples: Soft toys for throwing
Light plastic blocks
Washable, unbreakable dolls
Tingling bells, musical rattle
Squeaky toy animals
Nests of hollow blocks or boxes to pull apart and put together
Empty containers with removable lids to take off, put on Toys in boxes or baskets for putting in and taking out
Floating bath animals
Soft, cloth books with bright pictures
Use of cassette tapes or music in the background

The toddler experiments constantly to see what can be done with the environment and to figure out how things work. The toddler's toys must be sturdy and of simple construction. The toddler needs toys that can be taken apart, put together, dragged, and pushed about. A variety of toys is desirable, but very few should be available at any one time. The toddler needs toys that challenge growing powers:

- o Large, soft ball to push, lie on, or roll over
- o Large, colored nestling blocks to pile up or sit upon
- o Large boxes to put things in
- o Cartons or wooden boxes to climb upon or into
- o Hollow barrel to crawl through
- o A plank, slightly raised at one or both ends, to walk on, balance on, and jump off
- o Large, hollow blocks and small floor blocks to carry and pile up
- o Sand pile, with buckets, scoop, and other sand toys
- o Wagon or truck to ride in
- o Small rocking horse
- o Toys for reliving the home environment, such as household articles, plastic dishes, plastic garden tools, autos, planes, dolls, strollers, telephone, small chair
- o Cloth picture books
- o Books with simple stories and nursery rhymes
- o Scrapbooks
- o Large crayons for marking
- o Cuddly toy animals
- o Tom-tom
- o Bells, music box

The 2-year-old has increased motor independence and is perpetually on the go, rapidly gaining strength which needs to be tested. The 2-year-old is involved in all kinds of exploratory play to satisfy curiosity. The 2-year-old needs

- o Toys for building large muscles;

  Examples: Steps for climbing
  Barrel to climb through and roll over
  Tricycle or kiddie-car
  Large, hollow blocks to carry and pile up
  Large ball
  Push and pull toys

- o Toys for stretching the mind;
  Examples: Put-together train, truck, boat, or similar toys
  Easy, wooden-inlay puzzles designed for this age
  Nesting blocks
  Color cone
  Large wooden colored beads
  Pegboard with colored pegs
  Picture books with nursery rhymes and simple stories
- o Toys for pretending;
  Examples: Housekeeping equipment
  Washable, unbreakable doll
  Cuddly toy animals
  Costume box with simple items, such as hat, purse, or tie
- o Toys for releasing feelings;
  Examples: large crayons
  finger paint
  brush painting materials
  materials for clay modeling
  sand and sand toys
  rocking chair
  rocking horse
  wooden mallet and wooden pegs

The preschooler (3-, 4-, and 5-year-olds) are beginning to control their fine muscles, while their large muscles are still growing, and enjoy gross motor activities. The preschool child is showing an interest in other people and beginning to reach out to the world beyond the home. The preschool child needs

- o Toys, games, and apparatus for strengthening large muscles;
  Examples: Climbing tower
  Turning barrow
  Crawling-through apparatus
  Wagon
  Bouncing horse
  Push and pull toys
  Jump rope
  Large balls
  Bean bag
  Simple throwing games

- Toys that stretch the mind;
  Examples: lock with a key
  magnets
  aquarium
  water play toys
  inlay puzzles
  matching picture games
  viewmaster with slides or filmstrips
  globes
  books with simple stories
  poems, jingles, nursery rhymes
  cassette tapes and cassettes to encourage listening and singing

- Toys for pretending;
  Examples: Washable dolls that can be dressed and undressed
  Housekeeping equipment, including cooking, laundering, and gardening
  Costume box with dress-up clothes
  Assorted floor blocks with small family figures
  Toy luggage
  Fireman, zoo, and animal sets
  Transportation toys
  Sheet or blanket for play tent
  Large cartons or boxes for making stores, houses, stations

- Toys for releasing feelings;
  Examples: Crayons
  Painting materials
  Hand-painting materials
  Blunt scissors and paste
  Clay
  Hammer, nails, and soft wood
  Large wooden beads
  Sand and sand toys
  Wading or swimming pool
  Rocking horse
  Cuddly toy animals
  Puppet (stick and hand puppets)
  Musical tops
  Music box, record player, cassette player
  Percussion instruments, such as drum, bells, finger
  cymbals, tom-tom

The school-age child has gained fairly good control of small muscles, and can coordinate hand and eye to an increasing degree. The world is an interesting place for the school-age child, and toys should provide
opportunities for him/her to explore and attempt new ideas. The school-age child needs

- Toys, games, and apparatus for strengthening the muscles and developing skills;

  Examples: Play-yard equipment
  Climbing apparatus
  Tumbling mats
  Tire swing
  Punching bag
  Balls
  Bean bag games
  Ring toss games
  Jump rope
  Bicycle
  Wagon
  Skates
  Swimming accessories, such as life jacket, inflatable toys for water play
  Garden tools and seed packets

- Toys and games for stretching the mind;

  Examples: Magnets
  Thermometers
  Magnifying glass
  Soap bubble sets
  Balloons
  Clock dial
  Cash register
  Weighing scales
  Number games
  Lotto
  Alphabet sets
  Printing sets
  Puzzles
  Checkers
  Viewmaster, slides, and filmstrips
  Globe of the world
  Chalkboard
  Flannel board
  Books

- Toys for make-believe;
  Examples: Playhouse easily converted into store, school, clubhouse, etc.
  Costumes for dressing up
  Doll house and doll furniture
  Boy and girl dolls
  Dolls from other parts of the world
  Puppets
  Transportation toys
- Toys to satisfy the urge to create and express feelings;
  Examples: Crayons, paints, colored chalk to use on paper
  Materials for paper sculpture
  Clay
  Sewing set, including cloth for making doll clothes
  Workbench with real tools
  Construction sets
  Design blocks
  Percussion instruments
  Cassettes and record player
  Musical instruments

FOSTERING FAMILIES

BEGINNING YEARS RESOURCE LIST FOR PARENTS

The following books, provided as resources for further reading on child development in the beginning years, were written for parents. They may be purchased at most bookstores or found in your local library.

BETWEEN PARENT AND CHILD by Hain G. Ginott, New York: Avon, 1959.

This book, gives amusing examples of interactions between parents and children, discusses how to communicate effectively with children. The book does not include advise about what to do when a child misbehaves.

CHILD BEHAVIOR FROM BIRTH TO TEN Frances L. Ilg and Louise Bates Ames, New York: Harper and Row, 1981

These authors provide descriptions of what children are like at different stages in development and couple this with a good discussion of individual differences. A variety of specific topics, including eating, sleeping, fears, sexuality, siblings, school, divorce, death, and discipline, are discussed.

CREATIVE PARENTING William Sears, New York: Dodd, Mead, 1983

A comprehensive guide primarily oriented to physical growth and development from birth to adolescence. This book was highly recommended by the reviewers for newly expectant parents.

THE CRITICAL YEARS: A GUIDE FOR DEDICATED PARENTS Doris E. Durrell, Oakland, CA: New Harbinger, 1984

For more sophisticated parents as well as child clinicians and pediatricians. Dealing with ages birth to three, the author reviews research developments and covers topics such as temperament, attachment, language development, and behavior modification.

NO FAULT PARENTING Helen Neville and Mona Halaby, New York: Facts on File, 1984

General principles of behavior, arguments pro and con for various childrearing techniques, and specific useful practical advice.

BEGINNING YEARS RESOURCE LIST FCR PARENTS

The Magic Years: Understanding and Handling the Problems of Early Childhood Selma H. Fraiberg, New York: Charles Scribner and Sons, 1984

Written over 30 years ago, this book is considered a classic in the child development literature. Humorous and fun to read, Fraiberg explains why behaviors occur at certain points in development. Because it is old, the section on infancy is inadequate as we now have so much more knowledge about this period of children's lives.

The Mother's Almanac Marguerite Kelly and Elia Parsons, Garden City, New York: Doubleday, 1975

Primarily a resource book of activities for children, this book has three sections: 1) realities of family life, nutrition, health, moving, etc.); 2) environmental influences that enrich life (equipment, activities, values, outings, etc.); and 3) expressions of creativity (arts and crafts, gardening, music and dance, etc.).

Solve Your Child's Sleep Problems R. Ferber, New York, NY: Simon & Schuster, Inc., 1986

"This book covers internal and environmental influences on the sleep of infants and young children by thoroughly explaining such conditions as colic, nightmares, bedwetting, sleepwalking, headbanging, apnea, narcolepsy and circadian rhythms.

The First Twelve Months of Life: Your Baby's Growth Month by Month F. Caplan, New York, NY: Bantum; 1973

Well-organized book detailing prenatal and infant development month-by-month, via clear and interesting visual aids: charts, photographs, and descriptions. Specific practices in child-rearing and development are covered in detail, based on empirical studies.

Children: The Challenge R. Dreikurs, V. Stoltz, New York, NY: Dutton; 1987

Various methods are offered for resolving conflicts in a range of typical problem situations. Techniques involve active listening, use of natural consequence, limit setting, etc. From toilet training to sibling rivalry, children's motives are explained. The text illustrates both theory and practice in child-rearing so that the principles learned are not only corrective and instructive, but also preventive.

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW _ _ _-_ _ _

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

ASSIGMENT FOR
PARTIAL CREDIT

INSTRUCTIONS: Please read the following case situation carefully. Take a few minutes to consider the questions at the end of the case situation of the exercise. Write your responses and mail to the Project Director.

CASE SITUATION:

Shelly, a 20 month old girl, was born to a 15 year old mother, who was intoxicated with marijuana and alcohol at the onset of labor. Her mother and 18 year old father married just before Shelly was born. By the time Shelly was six months old her mother had left the home. Shelly's father tried to care for her for six weeks before asking a friend to take care of Shelly. After a month the friend called social services, angry at the father for lack of support. Shelly has been in foster care with Mrs. Huerta since nine months of age.

Shelly is a smiley, little girl with big brown eyes and soft, straight dark hair. She seems happy in her new home as long as Mrs. Huerta is within sight. If the three year old in the home is in the same room, Shelly tends to cling to Mrs. Huerta

Having started walking two months ago, Shelly is still unsteady, walking with her hands raised to her sides for balance. She manages stairs by crawling.

Following her foster mom through the house, Shelly often pulls her toy puppy behind her. She tugs at her mother's pants when she wants something and points, smiling happily when she gets it. She can say about ten words. Shelly feeds herself at mealtimes and helps pull off clothes at bedtime. When given crayons she puts them in her mouth or will repeatedly fill a cup with them before dumping them on the floor to start again. Stacking blocks seems very hard for her and she prefers knocking down the towers her foster mother builds for her..

Her favorite toys are the pull-along puppy and a teddy bear. She also likes to carry her favorite blanket around the house. At night she will not sleep without her blanket, but sleeps well otherwise.

FOSTERING FAMILIES

List three behaviors described above that indicate Shelly's developmental level. Are these behaviors normal for a 20 month old or do they indicate delay?

List of Behaviors:	Normal	Delayed
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are Shelly's needs presently?

_____

_____

_____

_____

_____

What could Mrs. Huerta do promote Shelly's development at home?

_____

_____

_____

_____

_____

When completed, please mail to:

Dr. Mona S. Schatz
Fostering Families
Colorado State University
Social Work Department
Ft. Collins, CO 80523

FOSTERING FAMILIES

EXPLORING ATTACHMENT TO PRIMARY CAREGIVERS

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressed				Very Well Addressed
1.	Participants will gain an understanding of the concept of child development including the factors that interact to affect development.....	1	2	3	4	5
2.	Participants will have the opportunity to review normal cognitive, social, emotional and physical developmental milestones for infants and young children.....	1	2	3	4	5
3.	Participants will examine the important parenting processes required for children in the beginning years of life.....	1	2	3	4	5
4.	Participants will review some of the frequently identified problem areas and potential roadblocks to normal development in foster children.....	1	2	3	4	5
5.	Participants will receive information regarding play and safety, with suggestions for toys and activities specific to different developmental age groups.....	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 - Very Poor
2 - Poor
3 - Adequate
4 - Good
5 - Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 - Totally inadequate and ineffective
2 - Generally inadequate and ineffective
3 - About half and half
4 - Usually adequate and effective
5 - Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter.....	1	2	3	4	5
2. Preparation.....	1	2	3	4	5
3. Ability to communicate.....	1	2	3	4	5
4. Style of presentation.....	1	2	3	4	5
5. Enthusiasm/interest in subject matter.....	1	2	3	4	5
6. Overall performance.....	1	2	3	4	5
7. Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific:_____

_____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #__ __ __ __

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # __ __ __ __

2. Circle correct role: 1. worker 2. foster parent
   3. Other_____(please specify)

3. Date __ __ - __ __ - __ __

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
   1. Hispanic
   2. Black, not of Hispanic origin
   3. Asian-American
   4. American Indian
   5. White, not of Hispanic origin
   6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:
   1. all under 5
   2. all under 10
   3. all under 15
   4. all under 18
   5. all over 18
   6. some under 18 & others over 18
   7. none

12. Highest level of formal education: (please circle one)

   1. some high school
   2. high school graduate
   3. some college
   4. college graduate
   5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?

   1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify)_____
    3. Both County Department of Social Services and Private.
    4. Indian/Tribal
    5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & some over 18
    7. no children now
    8. not yet foster parents
    9. other_____

19. Is at least one parent in the home providing parenting and supervision?
    1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

    1. 0 - 24 mos.
    2. 1 - 6 years
    3. 0 - 12 years
    4. 0 - 18 years
    5. 0 - 21 years
    6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify) _____
    3. Indian/Tribal
    4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

    1. Caseworker I
    2. Caseworker II
    3. Caseworker III
    4. Supervisor I
    5. Supervisor II
    6. Foster Case Trainer
    7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years